APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
	Address:	
Fax Number:		Fax Number:

Rituximab (Mabthera)

cations	s onl	ion — rheumatoid arthritis - TNF inhibitors contraindicated ly from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months. tick boxes where appropriate)
and		Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated
and		Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullina peptide (CCP) antibody positive) for six months duration or longer
and		Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or maximum tolerated dose
and		Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses)
and		
	or	Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximu tolerated dose of ciclosporin
		Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscul gold
	or	Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or combination with oral or parenteral methotrexate
and		
	or	Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints
		Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip
and		
	or	Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this applicat
		C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months
and		
	or	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
		Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and	_	
L		Maximum of two 1,000 mg infusions of rituximab given two weeks apart

I confirm the above details are correct and that in signing this form I understand I may be audited.

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Rituximab (Mabthera) - continued

Appli	cation	lication — rheumatoid arthritis - prior TNF inhibitor use s only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months. ites(tick boxes where appropriate)
		The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis
		The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept or
		Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis
	and	
		Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
		or Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
	and [Maximum of two 1,000 mg infusions of rituximab given two weeks apart
Appli	cation	proval Number (if known): is only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months. i tes (tick boxes where appropriate)
		At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
		At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
		At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
	and [and	Rituximab re-treatment not to be given within 6 months of the previous course of treatment
		Rituximab to be used as an adjunct to methotrexate or leflunomide therapy or
		Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
	and [Maximum of two 1,000 mg infusions of rituximab given two weeks apart

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Enquiries	to Ministry	of Health
0800 855	066	

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Rituximab (Mabthera) - continued

newal –	– rheumatoid arthritis - re-treatment in 'responders' to rituximab
rrent ap	proval Number (if known):
	is only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months. ites(tick boxes where appropriate)
	At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
	At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician
and	Rituximab re-treatment not to be given within 6 months of the previous course of treatment
and	
	Rituximab to be used as an adjunct to methotrexate or leflunomide therapy
	Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used
and	Maximum of two 1,000 mg infusions of rituximab given two weeks apart

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